

five years and will move at least three times before they are adopted. One in five will never be adopted. In the face of these disheartening statistics, we must celebrate those parents who choose to adopt and provide a loving home to these children and encourage the adoption of more children from foster care.

In November 2000, hundreds of lawyers, child advocates, State foster care agencies, and courts, worked together to finalize hundreds of foster care adoptions across the country as part of National Adoption Day. Since then, National Adoption Day has grown as thousands of new families have come together.

I am proud that Montgomery County, Maryland, which is in my Congressional District, has finalized 7 adoptions this month and 30 so far this year. In one family, 2 sisters, Jerry and Beverly Wright, have adopted 5 children, and, with their biological children, now have 10 children safe and well-cared-for in their home. I congratulate them, and all the happy and thriving families that include adopted children.

### HOMEOWNERS' DEFENSE ACT OF 2007

SPEECH OF

### HON. MAXINE WATERS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, November 8, 2007*

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 3355) to ensure the availability and affordability of homeowners' insurance coverage for catastrophic events:

Ms. WATERS. Mr. Chairman, I would also like to thank Mr. KLEIN and Mr. MAHONEY for their leadership in authoring this bill.

Too well, we all remember the aftermath of Hurricane Katrina and the resulting confusion families encountered about their insurance coverage or lack thereof. Well, imagine if a hurricane were to go through a state and only 1 in 8 homeowners were covered by an insurance policy. Unfortunately, this is exactly the situation that exists in California today—only 1 in 8 (or 12 percent) of Californians possess earthquake insurance. At the time of the Northridge earthquake in 1994 almost three times as many people were covered. After the Northridge earthquake, the cost of the coverage doubled and the amount of coverage provided was cut in half.

The California Earthquake Authority (CEA)—created after the Northridge earthquake when insurers restricted homeowners' insurance policies in order to avoid earthquake exposure—currently provides about two-thirds of the residential insurance coverage in California. Since its inception 11 years ago, CEA has been unable to accumulate the amount of capital it projects it will need in the event of a catastrophic earthquake. This year approximately 40 percent of the premium that CEA collects from policyholders will be paid to reinsurers rather than towards capital accumulation or more coverage under the policy.

Including the CEA in the benefits provided under H.R. 3355 will allow it to reduce its claims-paying financing costs while still being able to pay the cost of its losses and repay any reinsurance or loans from the Federal

government. By reducing its claims paying costs CEA will be able to accumulate capital faster and encourage more people to buy earthquake insurance.

Inclusion of the CEA in H.R. 3355 makes good economic sense, good actuarial sense, and good common sense. I urge my colleagues to support the Manager's Amendment and the underlying bill before us today.

### THE ENSURING MEDICARE ACCESS TO RECREATIONAL THERAPY ACT OF 2007

### HON. ELLEN O. TAUSCHER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, November 15, 2007*

Mrs. TAUSCHER. Madam Speaker, I rise today to speak on behalf of the many Medicare beneficiaries who require therapeutic rehabilitative services.

I first developed an interest in rehabilitation issues after someone in my own family was forced to cope with a disabling paralytic disease. I saw the benefits of recreational therapy first hand, through the therapy my father received, and I want to be sure everyone has access to the same treatment already covered by Medicare.

Recreational therapy can be a vital service for the ill and the disabled. In many cases, it is a critical means for improving the functioning, independence, and quality of life of persons with illness or disability. Recreational therapy is always prescribed and supervised by a physician as part of a patient's rehabilitative plan of care.

It has long been a priority of mine to remove existing barriers to Medicare beneficiaries' access to recreational therapy. For years, I have worked alongside therapists in trying to help those with illnesses or disabling conditions gain consistent access to these services.

In the past, dozens of my colleagues and I have sought clarification from the Centers for Medicare and Medicaid Services (CMS) on its policy on coverage and payment of recreational therapy services in three inpatient settings: rehabilitation hospitals (IRFs), psychiatric hospitals (IPFs) and skilled nursing facilities (SNFs).

CMS regulations and policy manuals currently lack sufficient clarity on the treatment of recreational therapy provided in these inpatient settings. As a result, widespread confusion and misperceptions surround the recreational therapy benefit under Medicare. Out of concern for potential liability for fraud and abuse, many IRF, IPS, and SNF facility administrators are declining to offer recreational therapy, creating inconsistent access to these vital services for patients throughout the country.

CMS has responded to each Congressional inquiry made on this issue, but to date CMS has not clarified its coverage and payment policy of recreational therapy services to fiscal intermediaries, facility administrators, treating physicians, and other relevant entities. In order to ensure that patients are able to receive appropriate rehabilitative services, CMS must formally clarify its policy.

For the sake of Medicare beneficiaries in need of recreational therapy, it is time to require CMS to do so.

To be sure, CMS has confirmed in writing that it considers recreational therapy to be a covered service in each of these three inpatient settings. CMS has also confirmed that the costs of these services have been built into the prospective payment systems for IRFs, IPFs, and SNFs and, therefore, Medicare is already paying to provide recreational therapy services to beneficiaries who need them. Yet access to recreational therapy is not assured.

To remedy this situation, I am introducing the Ensuring Medicare Access to Recreational Therapy Act of 2007, with Representative Phil English, to make certain that patients who need recreational therapy services, as prescribed by their physician and as warranted by their health condition, have consistent access to these medically necessary services.

Our bill simply directs CMS to clarify current coverage and payment policy by issuing notification that recreational therapy is a covered inpatient service in IRFs, IPFs, and SNFs and that the cost of providing such services has already been built into the prospective payment systems for these inpatient settings. This clarification will serve Medicare beneficiaries far better than the current CMS guidance on this issue.

It is important to note that this legislation will not create new coverage, or add any financial burden to the Medicare program. It will, however, ensure access to rehabilitative care so that individuals with disabilities, injuries, or chronic conditions may regain their maximum level of independent function.

I urge my colleagues to please join us in the fight to remove these arbitrary and unnecessary barriers to consistent access to recreational therapy services for all the Medicare beneficiaries who need them.

### SETTING THE RECORD STRAIGHT ABOUT LOWE'S CHRISTMAS TREES

### HON. VIRGINIA FOXX

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, November 15, 2007*

Ms. FOXX. Madam Speaker, I rise today in support of Lowe's Home Improvement, a company that has long been a strong force of economic development and community involvement in North Carolina.

It recently came to my attention that this week there was a bit of a kerfuffle over a misprint in Lowe's holiday catalog. Apparently the Christmas tree section of the catalogue had a misprint that labeled them "family trees."

There was no small outcry from a number of concerned citizens who thought that Lowe's might be up to something here. Well, I want to set the record straight. After hearing from Lowe's myself I know that it was a simple printing error—a matter of a hiccup in the creative process.

Lowe's was quick to apologize for the printing error and assured me that they were not out to alter the nomenclature of this fine Christmas tradition. As a former Christmas tree farmer I know how important it is to millions of Americans that a beautiful evergreen graces their living rooms each year as part of their celebration of this sacred season. At the same time, I also know that Lowe's was in no way attempting to undermine our celebrations of advent.